

## GUEST EDITORIAL

# Is Axillary Lymph Node Dissection Necessary for Most Patients With Infiltrating Breast Cancer?

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For many years, axillary lymph node dissection has been a routine part of the surgical treatment of breast cancer. This has been most often accompanied in the past by a total mastectomy (radical mastectomy or modified radical mastectomy) and more recently, often it has been carried out at the time of or subsequent to segmental (breast conserving) mastectomy.

The attitudes and opinions of surgeons regarding the choice of therapy for breast cancer have gradually changed as we achieve earlier diagnoses and learn more of the biology of this disease. Questions regarding the role of axillary lymph node dissection in patients with primary operable breast cancer are a logical result.

For these reasons we have invited statements pro and con on this important question from some expert and experienced breast surgeons. It is hoped that this will stimulate each of us to rethink our position on the practical question posed here.

Arguments for continuing careful axillary dissection for most patients with infiltrating breast cancer are well expressed by Drs. Moore and Kinne, whereas Dr. Cady makes a strong argument for eliminating axillary dissection as part of surgical therapy for a large proportion of breast cancer patients. Time and continuing dialogue on this topic will determine the degree of change that will occur in the patterns of surgical care for this disease. Possibly the answer will be somewhere between the contrasting views expressed in these two excellent presentations.

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